

Board of Health

(978-623-8295)
36 Bartlet Street
Andover, MA 01810

<p>For office use only</p> <p>Authorization: _____</p> <p>Permit Number: _____</p> <p>Fee: _____</p>
--

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: _____

Applicant: _____

Business Address: _____

Business Phone: _____

Name of Homeowner: _____

Address Where License Applies: _____

If a Partnership or Corporation please list names, titles and addresses of all officers

Signature(s) of Applicant(s): _____

